



ARCHITECTURAL & RESTORATION BOARD OF REVIEW

260 South Garber Drive, Tipp City, Ohio 45371

937-667-6305

APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

Applicant's Name	Phone
Project Address	
Property Owner	

STRUCTURAL CHANGE	Attach a copy of detailed scale drawings, or supply one (1) set of blueprints (if applicable). All outstanding code issues must be satisfied prior to review by the Restoration Board.
Alteration	
Purpose	

SIGN	Attach a copy of a detailed scale drawing. Attach a completed <i>Application for Sign Permit</i> .
Colors	
Lettering _____	
Border _____	
Background _____	
Pole/Bracket _____	
Other _____	

PAINTING	Attach sketch and color samples. Repainting same color requires no application.
Colors	
Main Building _____	
Door(s) _____	
Trim _____	
Sash _____	
Other _____	

COMMENTS	Provide any comments that apply to this Certificate of Appropriateness.

CONDITIONS	The following conditions apply to this Certificate of Appropriateness.
FOR BOARD USE ONLY	

Applicant's Signature	Date
-----------------------	------

Approved by Architectural and Restoration Board of Review	Date
---	------

Certificate remains in effect for one year from date of approval. Certificate must be posted at work site while work is in progress.

White Copy - Applicant Yellow Copy - Restoration Board File